

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Asrol</i>		<i>04-04-01</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>4/25</i>
FORMALITY REVIEW	<i>A-S</i>	<i>943</i>	<i>5-17-1</i>
RESPONSE FORMALITY REVIEW	<i>JCB</i>	<i>1091</i>	<i>9-17-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	0	0	
12	0	0	
13	0	0	
14	0	0	
15	0	0	
16	0	0	
17	0	0	
18	0	0	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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*DC 617  
1-17-01*